

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-003166

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 282 Primary Registration District No. 3055 Registrar's No. 10

FILED FEB 7 1962

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Polk	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bolivar	a. STATE Mo	b. COUNTY Polk
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		Length of stay in 1b 7 Years	c. CITY OR TOWN Bolivar
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS 911 W. Broadway	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First Ross		Month January	
Middle Vincent		Day 28,	
Last Jenkins		Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/19/1904
9. AGE (last birthday) 57		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Oil Distributor		10b. KIND OF BUSINESS OR INDUSTRY Whole-Sale Oil	
11. BIRTHPLACE (City and state or country) Dade County		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME William Jenkins		13b. MOTHER'S MAIDEN NAME Lucy Vincent	
14. NAME OF HUSBAND OR WIFE Mrs Dorothy Jenkins		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO.		17. INFORMANT Doyle Mc Craw	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute heart failure DUE TO (b) Post myocardial infarction DUE TO (c)		19. INTERVAL BETWEEN ONSET AND DEATH 1 day 1 year	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from Jan 1960 to Jan 28 62 and last saw her alive on Jan 28 62 Death occurred at 12:30 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Doyle Mc Craw	
22b. ADDRESS Bolivar Mo		22c. DATE SIGNED	

23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 1/29/62		23c. NAME OF CEMETERY OR CREMATORY Dunnegan Cemetery		23d. LOCATION (City, town, or county) (State) Dunnegan Missouri	
24. FUNERAL DIRECTOR Paul D Butler		ADDRESS Bolivar, Mo		25. DATE RECD. BY LOCAL REG. Jan. 31, 1962		26. REGISTRAR'S SIGNATURE Ralph Borden per Jewell Borden	

(Licensed Embalmer's Statement on Reverse Side)

FEB 8 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Paul D Butler

Licensed Embalmer No. 4471

P. O. Address Bolivar, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.